

## Greater Manchester Joint Commissioning Board

Date: 20 July 2021

Subject: Chief Officer Update

Report of: Sarah Price – Interim Chief Officer – Greater Manchester Health & Social Care Partnership

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### PURPOSE OF REPORT:

The enclosed report is an update from the Chief Officer of the Partnership on how the Health and Social Care system in Greater Manchester is responding to the COVID-19 pandemic.

The report covers key developments in our COVID-19 response between the end of May and early July 2021.

### RECOMMENDATIONS:

The Greater Manchester Joint Commissioning Board is asked to:

- Note the content of the report

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## **INTRODUCTION**

The enclosed report is an update from the Chief Officer of the Partnership on how the Health and Social Care system in Greater Manchester is responding to the COVID-19 crisis. The report covers key developments in our COVID-19 response between May and early July 2021.

## **VACCINATION PROGRAMME**

We continue to make significant progress in our COVID-19 vaccination programme. By the end of June 2021, GM had reached the significant milestone of three million doses of the vaccine having been administered. As Government have now revised their targets for each region to offer the first dose to all adults (cohorts 1-12) and deliver all due second doses to over 40s (cohorts 1-10) by 19th July, the pressure on the system to meet required week-on-week delivery targets has been intensifying as well as the assurance on delivery and requests for information from regional and national teams.

The GM programme team have been consistently reviewing how the programme operates up to the 19<sup>th</sup> July target with a focus on expanding and prioritising key activities to ensure they are in the best possible position to support the GM system and localities as they navigate this period.

A further update will be provided at the Joint Commissioning Board meeting itself.

### Announcement of GM as an Enhanced Response Area

On 10<sup>th</sup> June, and amidst rising cases of the COVID Delta variant across the city region, Greater Manchester was designated as an Enhanced Response Area for COVID-19 response. The region qualified for additional support in the interest of surge vaccinating and testing the population to get ahead of the variant.

Overall, three localities, Bolton, Oldham and Manchester, requested Military Aid through Military Aid to the Civil Authority (MACA) requests. These requests were made to ensure that localities had adequate registered and unregistered vaccinators and sufficient administrative and logistical resource across the system in support of the locality surge programmes.

### Communications

A great deal of communications work has been invested into advertising walk-in vaccination services across GM and the North West since the opening up of cohort 12 in June, results of which were covered extensively in communications and press releases throughout the system.

A campaign to raise awareness of the safety of the vaccine for pregnant women has also been developed following updated guidance from the Joint Committee for Vaccination and Immunisation (JCVI). Granada News and the Manchester Evening News both featured stories in this area.

The 'VaccChat' campaign also started at the end of June, which promotes productive and honest conversation around vaccine safety between citizens and community figures such as hairdressers, barbers and beauticians. On week commencing 5<sup>th</sup> July, confirmation was received that the VaccChat campaign was due to be expanded to improve knowledge and engagement with the programme, particularly from younger cohorts.

### Next Steps

As we look to continue delivering phase 2 at pace and looking ahead to phase 3, GM is committed to continue delivering most of our vaccines through primary care. Therefore, as PCN sites are starting to revert back to business as usual services with 12 out of 52 providing their notice to drop out of the Enhanced Service Delivery, work is taking place with locality SROs to ensure adequate capacity is maintained across their local system by shifting the balance towards Community Pharmacy sites.

### **DISCHARGE**

A pattern of high demand and hospital admissions over the weekends, followed by focused work to discharge people in the week, continues. Despite the significant pressures on the Urgent and Emergency Care system (Emergency departments in particular), most localities continue to report good flow through hospital into the community overall. Additionally, the number of patients medically fit for discharge has not increased significantly, which is a positive reflection of the focused work invested in discharge processes this year.

A single standardised and concise discharge form has been developed to support discharge processes across the system. It was shared with both GM Cells. Focused work is taking place on out of area discharges to ensure that the flow from GM Hospitals to the localities continues.

There remain hotspots in the system where discharge rates are lower, a key factor underpinning this variance has been due to reductions in staff capacity due to looking after of children who have had to self-isolate from school.

There continues to be an upward trend in lengths of stay and excess bed days in the system, with GM appearing to be a regional outlier. The discharges group are aware of this and are working to respond through the development of an action plan covering five key areas for improvement. The changes made now will be particularly significant as the system enters the winter months.

### **URGENT AND EMERGENCY CARE**

Updates from Urgent and Emergency Care colleagues in the last month have featured a summary of the numbers of GP appointments booked via NHS 111, including the spaces, searches and actual appointments available. This has led to further work to understand barriers to booking GP appointments via 111 services in GM.

Presentations to the cells have also outlined the current position of Urgent Treatment Centres in Greater Manchester, detailing the sites which are open to address lower acuity urgent issues as alternatives to Emergency Departments.

Locality task and finish groups on Urgent Care improvement work have taken place over the past month, with intermediate and longer-term changes to the system to be put in place before Christmas. A series of short-term priority actions will also be carried out as soon as possible in light of the significant demand being reported at GM hospitals.

## **PRIMARY CARE**

There has been a great deal of focus this month on the rollout of the Primary Care Pulse check across GP providers in the GM localities. The Pulse Check reporting enables providers to communicate a picture of demand, with higher levels of reported demand prompting supportive measures and mutual aid from locality leadership and neighbouring practices. By the end of July, it is expected that all 440 plus practices across all 10 GM localities will be engaged and reporting into the Pulse Check.

Steps will be taken to make the reporting even more sophisticated. These will include overlaying the data on escalation across all Primary Care settings to understand patterns of demand and to improve the shared understanding of how demand pressures manifest on a geographical and cross-sector level.

A task and finish group has recently been convened to mobilise a plan in support of the continuing pressures faced in Primary Care. The group now has a joint chairing arrangement in place, featuring clinical representation from Primary Care provider and commissioner backgrounds. Group membership includes representatives from primary care clinical leadership, financial leadership, system leads and commissioners to enable the delivery of a comprehensive action plan. The action plan is sponsored by the Primary Care Cell.

Key considerations being taken during these pieces of work include:

- Tackling inequalities
- Quality - ensuring the principles of the safety siren reporting are linked into this work
- The role of the neighbourhood and place-based delivery
- The Patient Voice
- Resourcing

Immediate next steps for the task and finish group include the preparation of costings and proposals for urgent dental services and minor ailment schemes. The task and finish group will continue to work closely with primary care leads and providers in localities to ensure there is no duplication of effort and that interdependencies are recognised. Where work is underway locally, the GM role will be to share best practice and support scaling up where appropriate.

Reference to wider primary care such as community pharmacy and optometry will be included in forward plans. All localities will also be asked to field representation on the group to ensure that key messages and best practice are effectively communicated.

## **ADULT SOCIAL CARE**

A steady rise in the number of COVID positive/symptomatic care home residents has been recorded by the Adult Social Care Sitrep over the past month. There has been an increase in

outbreak numbers, though these do not appear to have as large an impact as they did previously due to the full vaccinations received by most care home residents.

Pressures are building in home care services due to increases in self-isolating staff. The overall steady rise in self-isolating care workforce appears to be mostly due to contact isolation, such as in the case of looking after children who have been asked to isolate from school after a positive case has been reported.

Vaccination rates continue to rise. Several localities now record over 80% care staff vaccinated with focused work taking place where rates are lower. A deep dive was conducted to identify providers with the lowest vaccination rates. The results have been shared with the localities to support the targeting of efforts to reduce vaccine hesitancy.

Ministers are expected to confirm they are pushing ahead with compulsory vaccination for most of the 1.5 million people working in social care and care homes in England. Under the plans, those working with adults will have 16 weeks to get vaccinated. This was raised as a concern to the Community Coordination Cell due to the potential destabilisation of the care market if staff choose to leave instead of receiving the vaccine. Leaders have agreed that particular care must be taken to ensure any messages are communicated appropriately. GM ADASS are developing an action plan to mitigate adverse impacts on staff capacity which could result from these plans.

## **COMMUNITY SERVICES**

Community Services have reported a stable view of resilience overall via the regular OPEL sitreps. COVID-19 in community beds remains low despite the context of rising rates of the Delta variant in the system. There has been an increase in COVID related staff absence which appears to be related to an increase in staff members looking after children who are isolating from schools, similar to the picture in Adult Social Care.

The new Community Services Pulse Check has been received particularly well by reporting teams. Four localities now report via the Community Pulse Check, with plans to expand reporting further by the end of July.

## **MENTAL HEALTH**

Mental health providers have experienced a sustained increase in the volume and acuity of demand over several months. Urgent calls have taken place with national colleagues to understand short term improvements that could be made to services to better respond to this demand increase. Work to decrease the number of Delayed Transfers of Care (DToC) is ongoing but it is too early to see an impact on overall numbers.

Colleagues from the GM Mental Health Executive have identified that demand on mental health services has increased significantly in three cohorts:

- Children presenting with a range of issues. There is a focus on the Looked After Children cohort who are often accepted into mental health settings where this is not necessarily the most appropriate place for their presentations.
- Referrals from the Christie into counselling services has increased and waiting times appear to have significantly increased.

- There are increased presentations to mental health services from people who have suffered from domestic abuse

Community Coordination Cell members have agreed to explore these direct pressures and mobilise specific remedial actions in partnership with the GM Mental Health Executive.

## **CANCER**

Recent Sit Reps from Greater Manchester Cancer describe that referrals are significantly higher than their pre-COVID averages. Priority work to decrease the number of people waiting longest on the Cancer Patient Tracking List continues as does the focus on front-end pathway improvements, particularly in relation to diagnostic waiting times.

## **ELECTIVE RECOVERY**

Strong rates of recovery in outpatient and diagnostic services are reported since the resumption of elective activity earlier in the year, and overall elective rates appear to be improving as provider staff are allocated back into theatres. A slight decrease in performance was observed in late June, partly due to increased COVID and urgent care pressures currently being experienced by hospitals. 365,000 patients are now on the waiting list in GM overall but the number of 52 plus week waiters is decreasing.

Seven Clinical Reference Groups (CRG) are now established and have been focusing on surgical recovery, including use of mutual aid and sharing best practice at specialty level. Work to understand variation of surgery rates per specialty across GM is also underway.

Further progress is being made with primary care colleagues to update, simplify and standardise referral pathways into specialties. Updates to the GM Cells have referenced the strong focus on health inequalities which was featured in this year's planning guidance and a health inequalities group will be convened to implement the planned work on elective care.

On the Elective Recovery Fund (ERF), there are a series of targets and gateway criteria for the system to meet to redeem monies. These criteria include recovery rates, transformation of services and supporting people's wellbeing whilst they wait for surgery, as well as rollout of Patient Initiated Follow Up and Advice and Guidance. Colleagues from both Cells attend the Financial Leadership Group in order to ensure that hospital and community-based services are considered in planning for the allocation of resources from the ERF.

The Clinical Reference Groups (CRG) for the priority elective specialities will be discussing how service resilience can be maintained over the winter period to ensure there is capacity to continue to recover performance. The CRGs are also looking at how recovery can be supported at system level through the use of elective hub models.

## **LEARNING FROM THE NHS NIGHTINGALE NORTH WEST**

Colleagues from the NHS Nightingale North West (NNW) team attended the Community Coordination Cell on 24th June to provide an overview of lessons learnt from the rapid mobilisation and operation of the field hospital over the past year. An overview of the different phases of the Nightingale's operation were provided, as well as key impacts

demonstrated, such as the number of acute bed days saved, discharge rates and the setting up of an Operations Hub that focused on the entirety of the patient pathway.

The presentation included analysis of several elements of NNW operations, and key learning points for a range of applications - including in support of winter planning in the North West Region, such as:

- Clinical Triage as part of the Control Room Function – so that patients were seen earlier in their pathway and could be transferred from the acutes into the Nightingale when they were optimised
- Discharge planning from the day of admission – which resulted in reduced delays and full MDT input, including social care, at the appropriate points of the care pathway
- Operations team managing the whole process from referral to admission to improve flow
- Daily GP sessions across 7 days a week, which reduced the number of discharges back into the acute trusts.
- Shared responsibilities across the clinical team and the focus on clinical tasks

A full evaluation will be published in due course. Cell members agreed that a great deal of this learning can be applied into the work to improve system-wide discharge processes across both Acute and Intermediate Care settings.

## **POST COVID OVERSIGHT BOARD PROPOSAL**

In June 2021, Greater Manchester was allocated approximately £1.2 million from NHS England/Improvement to further support the delivery of post COVID-19 holistic assessment services. In addition, NHS England/Improvement announced that £100 million would be available nationally to support treatment and care.

Guidance was released on June 15th to accompany this announcement with a request that all ICSs respond to the guidance by providing a fully staffed Long COVID service plan to regional teams covering the whole pathway from primary to specialist care by 19th July 2021.

Given the complex nature of the plans required and the necessity to provide a Greater Manchester system wide response, it was agreed a Greater Manchester Post COVID-19 Oversight Board consisting of senior responsible officers was needed to oversee plans and co-ordinate their delivery. The Board would:

- Agree the strategic direction of GM treatment and care plans
- Lead on decisions pertaining to plans and proposals
- Assign responsibility and accountability as required

- Agree final high-level plans
- Review progress to ensure plans are embedded

The Community Coordination Cell endorsed the setting up of the Post COVID Oversight Board. It agreed that as a cross cutting Board, it was important to have representation from the Primary Care Board, Mental Health Executive and Patient Voice on its membership.

### **LCO BOARD UPDATE**

On 15th June, colleagues from the GM Local Care Organisation (LCO) Board presented a note to the Community Coordination Cell which covered the substantial progress made by Local Care Organisations (LCOs) and the LCO Board over the past year.

The LCO Board are keen to prioritise neighbourhood working and delivery of care at place as the system develops in the future. The paper set out common features that have developed across the LCOs – whilst each locality is different, a common framework of features shared by all has been developed over time.

LCO board members have worked together to share learning across the system in a practical way. A series of next steps were also outlined, which build on the connectivity with the Primary Care Board, and the planning of similar discussions with the GM Mental Health Executive.

### **RECOMMENDATIONS**

The Greater Manchester Joint Commissioning Board is asked to:

- Note the content of the report.